



KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
Phone (502) 782-8814 ~ <http://adc.ky.gov>

TEMPORARY REGISTRATION AS AN ALCOHOL & DRUG PEER SUPPORT SPECIALIST:

APPLICATION INFORMATION SHEET / CHECKLIST

Description: Applicants for Temporary Registration as an Alcohol and Drug Peer Support Specialist have a High School Diploma or equivalent and still need to obtain the work experience, supervision, and training needed to become a fully registered Alcohol and Drug Peer Support Specialist. They also must attest to being in recovery for a minimum of two years from a substance related disorder and have not yet taken or passed the Peer Support Specialist Alcohol & Drug Exam. The period of a temporary credential shall be terminated upon the passage of two years from issuance*.

- ☐ 1. Eighteen (18) years of age or older.
- ☐ 2. Section 1 of application completed.
- ☐ 3. Section 2 completed – describing education attainment of at least high school diploma (or equivalent).
- ☐ 4. Provided a copy of a high school diploma, high school transcript, or the equivalent. Please let the Board Administrator know if your diploma/transcript is under a different last name than your current one.
- ☐ 5. Section 3 completed – list your relevant work experience obtained thus far if any, as well as where you expect to obtain your relevant work/supervision experience..
- ☐ 6. Sign the Affidavit at bottom of page 2
- ☐ 7. Attestation of Recovery – Signed and dated.
- ☐ 8. Peer Support Specialist Supervisory Agreement – Completed and signed by you and your Board Approved Supervisor (CADC or LCADC Board approved supervisor)
- ☐ 9. Check or money order made payable to the Kentucky State Treasurer (DO NOT SEND CASH)

Temporary Registered Alcohol & Drug Peer Support Spec. Application Fee **\$50.00**

(Application fee does not need to be paid again when submitting the full registration application)

The completed application may be submitted to the Kentucky Board of Alcohol & Drug Counselors by mail to:

P.O. Box 1360, Frankfort, KY 40602 or delivered/special delivery/signature required to 911 Leawood Drive, Frankfort, KY 40601.

Materials must be received by our office at least 10 DAYS PRIOR to the next scheduled Board Meeting to ensure placement on the agenda. If this deadline is not met, your application will most likely be added to the next month's agenda for review. Board meeting dates are on our website <http://adc.ky.gov> under "Quick Links."

Important Information

Incomplete applications will not be reviewed and you will not be notified when your application arrives. Your check being cashed does not mean your application has been reviewed. It is the **applicant's responsibility** to make certain that **all materials** have been received by the Board administrator. You may contact the office to check on the status of your application. Email is best: Kelly.Walls@ky.gov

Where to find a list of Board-approved Supervisors: <http://adc.ky.gov> under "Quick Links". You may need to google the counselor's name to find their current agency/contact information and give them a call to let them know you would like to receive Board approved supervision for the temporary registered alcohol & drug peer support specialist.

When you start supervision: It is best to document it on a regular basis. Keep good notes and maintain copies of everything for your own records. You should begin to document your supervision on the **verification of supervision form** found in the "Registered Alcohol & Drug Peer Support Specialist" application packet (found at <http://adc.ky.gov> under "Resources" and "Applications & Forms" in the yellow bar across the top of the page. Your hours will need to be **submitted on an annual basis** (based on the issuance date of your temporary registration) using this same form, along with the "Supervision Annual Report" via your online eServices account. The "Supervision Annual Report" is also found at <http://adc.ky.gov> under "Resources" and "Applications & Forms" in the yellow bar across the top of the page.

Supervision sessions: Should not be documented as "blocks" of dates. List each session individually with the corresponding date and time and the board-approved supervisor's signatures.

If you have long supervision sessions: Document as much detail as possible as to what those sessions looked like/the activities completed or it could cause your Registered Alcohol & Drug Peer Support Specialist application to be deferred. Supervision sessions do not "typically" last 3+ hours and should not be occurring every day. For information regarding the difference between "work experience" and working alongside of your board-approved supervisor versus "clinical supervision", please review the laws and regulations booklet found at <http://adc.ky.gov> under "Resources".

Classroom Training Hours: 1 academic credit hour equals 15 actual training hours. Therefore, if you took a 3 credit hour course related to alcohol/drug counseling, it would equal 45 actual training hours. You may also be able to count trainings you have already taken if relevant (out of state trainings, in state trainings, continuing education, other peer support trainings, etc). For more information, please refer to the "Curriculum of Study" and "Continuing Education" regulations found at <http://adc.ky.gov> under "Resources" and "Kentucky Administrative Regulations" in the yellow bar across the top of the page. Your training hours will not be officially "accepted" by the Board until you finally apply for the Registered Alcohol & Drug Peer Support Specialist and that application is reviewed (NON-temporary application).

The period of a temporary credential shall be terminated upon the passage of two years from issuance. Upon receipt of an extension request cosigned by the board approved supervisor, the board may approve no more than two, two-year extensions of the period of a temporary credential. Should your extension request not be approved, you are welcome re-apply for the Temporary Registered A&D PSS if you need more time.

NEXT STEPS:

1. **Print off and read through the Board's Laws and Regulations Booklet** found at <http://adc.ky.gov> under "Resources".

2. If **approved**, you will receive an approval letter sent to your home address, within approximately 2 weeks following the Board meeting. Your board-approved supervisor(s) of record will also receive a carbon copy of your approval notification. Board meeting results will NOT be disclosed via phone or email, you must wait for your letter to arrive. If you do not want to wait for the correspondence to arrive via mail, **you may try checking the board's website the week following the board meeting** to see if you have been approved:

<http://adc.ky.gov> and click on "Verification" in the yellow bar across the top of the page to search for your name or Direct link - http://oop.ky.gov/lic_search.aspx

If your name comes up and shows an **active** Temporary Alcohol & Drug PSS with an issue and expiration date – then you know you have been approved with the supervisor(s) of record you submitted along with your application and can then call yourself a Temporary Registered Alcohol & Drug Peer Support Specialist and count the hours of supervision under your approved supervisor(s). If you do not see your name at all the week following the board meeting, then please wait for your formal letter to arrive.

If you are **not approved**, you will receive a letter of explanation sent to your home address, within approximately 2 weeks following the Board meeting. Board meeting results will NOT be disclosed via phone or email, you must wait for your letter to arrive. You will most likely have an opportunity to submit additional/missing information in time for the next monthly board meeting so your application can be re-reviewed. Applicants that are not approved are NOT able work in the capacity of a Temporary Registered Alcohol and Drug Peer Support Specialists, and are NOT able to begin counting the hours of supervision under the requested supervisor(s).

3. **Print off the appropriate application packet and start recording your training and supervision** on the REGISTERED ALCOHOL & DRUG PEER SUPPORT SPECIALIST APPLICATION PACKET found at <http://adc.ky.gov> under "Resources" and "Applications and Forms"
4. **Temporary Registered Alcohol & Drug Peer Support Specialists do not have Continuing Education Requirements** while they are in the temporary status, but rather are expected to be working on the trainings, work hours, and supervision hours needed for the REGISTERED ALCOHOL & DRUG PEER SUPPORT SPECIALIST.
5. **Make sure to read the Board's supervision regulation in full**, found at <http://adc.ky.gov> by clicking on "Resources" and "Kentucky Administrative Regulations" in the yellow bar across the top of the page and select "**201 KAR 35:070 Supervision Experience**".
6. One year from the issuance of your temporary registration, **YOU MUST SUBMIT A SUPERVISION ANNUAL REPORT and YOUR SUPERVISION LOGS** to the Board.

Annual Report Forms to Submit and Where to Locate the Forms:

- The **Supervision Logs/** Supervision Verification Form is located on the “Applications and Forms” page at <http://adc.ky.gov>, under “Resources” at the top of the page WITHIN the “REGISTERED ALCOHOL & DRUG PEER SUPOORT SPECIALIST” APPLICATION PACKET.
- The **Annual Report/Form 14** Supervision Annual Report” is also located on the “Applications and Forms” page at <http://adc.ky.gov>, under “Resources” at the top of the page.

Supervisees with annual reports due are to submit documentation **via their eServices online account** found at <http://adc.ky.gov> by clicking on “Online Services – eServices” in the yellow bar across the top of the page. Direct Link: <https://oop.ky.gov/Eservices/Default.aspx>

Once logged in, select the “Supervision” option on the main page.

You should see your board approved supervisor(s) listed.

Under your supervisor, you will first need to change the drop down box to “Annual Report” and upload Form 14.

Then, change the drop down box to “Supervision Logs” and upload Form 8 Verification of Supervision.

Should the Board request additional documentation, following the next regularly scheduled meeting of the Board (or the following meeting), the supervisee should receive email correspondence regarding their annual report stating the Board’s request for additional information. If the supervision annual report is received and accepted, the supervisee will receive such approval email correspondence.

ALL supervisees and supervisors are responsible for ensuring their eServices online account (found at <http://adc.ky.gov> by clicking on “Online Services – eServices” in the yellow bar across the top of the page) is set up and updated with their correct contact and employment information (including e-mail) so they may receive important Board correspondence regarding supervision, etc.

It is a shared responsibility between supervisee and supervisor that the appropriate documentation is submitted to the Board.

Direct Link: <https://oop.ky.gov/Eservices/Default.aspx>

7. ***Request to have two (2) Board-approved supervisors of record:*** If you would like two Board-approved supervisors, an additional Supervisory Agreement (found in the Temporary Registration application packet) shall be submitted to the Board for approval via your eServices online account. 201 KAR 35:070 states ***each*** supervisor of record shall provide supervision to the supervisee no less than two (2) hours, two (2) times a month. 201 KAR 35:070 Section 7 states if a supervisee has more than one (1) board-approved supervisor, the supervisors shall be in direct contact with each other at least once every six (6) months, and they shall provide supervisory plans and reports to the board and copies to each other. A request to have two (2) supervisors at one (1) time shall require a request to the board, which shall include detailed information as to how the supervisors shall communicate and coordinate with each other in providing the required supervision.

8. *Request to change or terminate your Board-approved supervisor:* If you need to add, change, or remove your supervisor(s) of record, these changes must be submitted via your online eServices account. 201 KAR 35:070 Section 3(2) states upon a change of supervisor, a new plan for supervision (**Supervisory Agreement** as found in the Temporary registration application packet) shall be submitted by the supervisor and supervisee to the board for approval (via their online eServices account). Upon termination of the supervisor-supervisee relationship, the final report of supervision (**Supervision Evaluation and copies of Supervision Logs**) shall be submitted to the board (via their online eServices account) within thirty (30) days of the termination.

9. *Begin preparing to take the IC&RC Peer Recovery computer exam*.* After you have obtained the necessary work experience, supervision, and trainings necessary for the REGISTERED ALCOHOL & DRUG PEER SUPPORT SPECIALIST, you will then submit the complete REGISTERED ALCOHOL & DRUG PEER SUPPORT SPECIALIST Application packet (found at <http://adc.ky.gov> by clicking on “Resources” and “Applications and Forms”). When your application is approved, you will then be sent instructions to register for the computer based exam.

EXAM PREPARATION, STUDY MATERIALS & PRACTICE EXAMS AVAILABLE:
<http://internationalcredentialing.org/exams> (PR / Peer Recovery Exam)



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- APPLICATION FOR:
- | | |
|---|-----|
| TEMPORARY REGISTRATION AS PEER SUPPORT SPECIALIST | () |
| REGISTRATION AS PEER SUPPORT SPECIALIST | () |
| TEMPORARY CERTIFICATION AS AN ALCOHOL AND DRUG COUNSLOR | () |
| CERTIFICATION AS AN ALCOHOL AND DRUG COUNSLOR | () |
| LICENSED CLINICAL ALCOHOL AND DRUG COUNSELOR ASSOCIATE | () |
| LICENSED CLINICAL ALCOHOL AND DRUG COUNSELOR | () |

SECTION 1 – APPLICANT INFORMATION

1. _____
- | | | | |
|----------------------------|----------------|------------|------------|
| Name: First | Middle | Last | Maiden |
| _____ | | | |
| Social Security Number | Date of Birth | Home Phone | Cell Phone |
| _____ | | | |
| Mailing Address: Street | City | State | Zip Code |
| _____ | | | |
| Employer | Business Phone | | |
| _____ | | | |
| Employer's Address: Street | City | State | Zip Code |
| _____ | | | |
| Home Email | Business Email | | |
| _____ | | | |
2. Have you had a credential in Kentucky or any other state that has ever been suspended or revoked?
☐ YES ☐ NO If yes, give details: _____
3. Have you been convicted of a felony or plead guilty, including an Alford plea (other than minor traffic violations) under the laws of the United States in the last 5 years? ☐ YES ☐ NO If yes, what offense? _____
(If yes, send supporting documentation.)
4. Are you credentialed as an Alcohol or Drug Counselor in any other state? ☐ YES ☐ NO
If yes, what state? _____ Type of Credential? _____
5. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position from any professional training program, or from the program of any university? ☐ YES ☐ NO
(If yes, send supporting documentation.)
6. Have you ever been sanctioned by the Kentucky Board of Alcohol and Drug Counselors or by any other credentialing board or professional associations for ethical misconduct? ☐ YES ☐ NO
(If yes, send supporting documentation.)
7. Are you currently on active military duty? ☐ YES ☐ NO

SECTION 2 – APPLICANT EDUCATION

School	Name and Location	Dates Attended	Date of Graduation	Number of Hours	Degree Obtained
High School/Equivalent					
Baccalaureate					
Master's					
Doctoral					

Submit proof of your highest education achieved:

- High school / equivalent - submit a copy of your diploma or certificate.
- Other higher education - submit official transcript sent from registrar of the college or university.

SECTION 3 – WORK EXPERIENCE (Attach Additional Related Experience If Needed)

Name of Employer:	_____
Title or Position:	_____
Employment Start Date:	_____ End Date: _____
Address of Employer:	_____
Clinical Supervisor:	_____ Credential Number: _____
Total Number of Work Hours per Week Related to Alcohol and Drug Clients:	_____
Describe Work Duties Related to Alcohol and Drug Clients:	_____

Name of Employer:	_____
Title or Position:	_____
Employment Start Date:	_____ End Date: _____
Address of Employer:	_____
Clinical Supervisor:	_____ Credential Number: _____
Total Number of Work Hours per Week Related to Alcohol and Drug Clients:	_____
Describe Work Duties Related to Alcohol and Drug Clients:	_____

AFFIDAVIT

I do hereby certify under penalty of law, that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

Applicant's Signature (Do not type or print)

Date



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ATTESTATION OF RECOVERY

TEMPORARY REGISTRATION AS PEER SUPPORT SPECIALIST ()

REGISTRATION AS PEER SUPPORT SPECIALIST ()

Pursuant to KRS 309.0831(7), I attest to being in recovery for a minimum of two (2) years from a substance-related disorder.

Signature (Must not be printed or typed)

Date

Printed Name



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PEER SUPPORT SPECIALIST SUPERVISORY AGREEMENT

To Be Completed By Applicant and Supervisor

INSTRUCTIONS

1. This form is to be used with Microsoft Word.
2. Press the TAB key to skip to the next field.
3. Once you have completed the form, you must print the form, and apply your handwritten signature. Forms submitted without the appropriate signatures will be returned.
4. The completed form may be submitted to the Kentucky Board of Alcohol and Drug Counselors either by mail to P.O. Box 1360, Frankfort, Kentucky 40602 or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.

SECTION 1 APPLICANT INFORMATION

First Name / /	Middle Name () -	Last Name () -
Social Security Number	Home Telephone	Work Telephone
Email Address		
Street Address		
City	State	Zip Code

SECTION 2 SUPERVISOR INFORMATION

First Name	Middle Name	Last Name
Email Address		
Street Address		
City () -	State	Zip Code
Telephone Number	Type of License/Certification Held and Number	
/ /	/ /	
Date of issue (attach a copy)	Expiration Date (Attach a copy)	

Date of Board Approved
Supervision Training (Attach copy
of certificate of attendance)

Number of Supervisee's Currently
Providing with Board Approved
Supervision

SECTION 3
INFORMATION RELATED TO SUPERVISED EXPERIENCE

Applicant Name _____

Name of organization or agency where experience will be gained (complete a separate form for each setting.)

Street Address of Organization or Agency

City

State

Zip Code

Average number of hours expected to be gained per week: _____

Type of Setting: ☐ State/Government Agency ☐ Hospital
 ☐ Non-Profit ☐ DUI/Private Practice
 ☐ School ☐ Rehab Center

Type of peer support/counseling experience to be gained (check all that apply):

<input type="checkbox"/> Rehabilitation Center	<input type="checkbox"/> Judicial/Corrections
<input type="checkbox"/> Child & Adolescent	<input type="checkbox"/> Individual Counseling
<input type="checkbox"/> Adult	<input type="checkbox"/> Group Counseling
<input type="checkbox"/> Family Treatment	
<input type="checkbox"/> Other	

Describe

Describe specifically, and in detail, what work experience will be obtained to meet the criteria for Recovery Support work experience.(201 KAR 35:070)

Describe specifically, and in detail, how supervision will focus on recovery support.(201 KAR 35:070)

I, as applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That I have read the board Law and Regulations related to supervised experience and that all supervised experience will be completed in accordance with board rules;
- That I will meet with my supervisor at a minimum of 2 hours every 2 weeks of documented supervised experience;
- That I will abide by all rules of the board, including ethics requirements;
- That I understand the registration/temporary certification/clinical alcohol and drug counselor associate license is only valid while I practice under supervision;
- That I notify the board if this supervisory arrangement is terminated; and
- That I understand any additional supervisors and settings shall be approved by the board in advance.

Signature of Applicant

Date

Printed Name

This agreement shall not be effective until the board has issued the letter approving the agreement.

I, as the board approved supervisor of the above named applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That all supervised experience will be completed in accordance with the Law and Regulations related to supervised experience and all subsequent board rules.
- That I will provide supervision to the above name applicant at least 2 hours every 2 weeks of documented experience.
- That I understand the full professional responsibility for services of the supervisee shall rest with the supervisor.
- That I understand the supervisory arrangement is only valid while my credential remains in good standing.
- That I will notify the board if the supervisory arrangement is terminated.
- That I understand that I shall not serve as a supervisor of record for more than twelve persons obtaining experience for peer support/certification/licensure at the same time.

Signature of Supervisor

Date

APPLICANT AND SUPERVISOR SHOULD KEEP A COPY OF THIS FORM FOR RECORDS

BOARD USE ONLY

☐ Approved by _____ Date: _____
(Initials of Reviewer)

☐ Denied by _____
(Initials of Reviewer)

☐ Deferred by by _____ Date: _____
(Initials of Reviewer)
